Name in Full Henry Anderson

Certificate of Death

Died at ~~Town~~ Atholton County Howard MARYLAND

Date 1904 Month Dec Day 20 | Age Y. 76 M. D. | Native of Md | Occupation Laborer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living none

Husband of Wife Francis Anderson

Father's Name not known Mother's Maiden Name not known

Cause of Death Primary Congestion of Lungs How long sick 2 weeks

Immediate ~~Accident, Suicide, Homicide~~

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Reported by Thomas Smith

Address Samuel Aquilla Wm F Whipp

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full Viola Cager

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	High Ridge	County	Howard County
Date of death 1904	Month: Dec.	Day: 17	Age: Years 3, Months 6, Days —
Sex	Female	Color or Race	Black
Birthplace	High Ridge		
Occupation	Child	Where Residing if not at place of death	—
~~Married, Single or Widowed~~		~~Name of Wife or Husband~~	
Father's Name	John Cager	Father's Birthplace	High Ridge
Mother's Maiden Name	Susan Mathews	Mother's Birthplace	Washington D.C.
Name of person giving information	John Cager	How related to deceased	father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Whooping Cough	How long	5 weeks
Immediate	" "	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	T. Watts Byerly Mo.
		Address	Laurel Maryland
Accident or Suicide?	—		

P.M.D.C.16.

LIBRARY BUREAU A88018

Fisher & Phaer
Lamm Mo

Name in Full: John W. Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Savage — County: Howard

Date of death: Month: 12 — Day: 9 — Age: Years: 2 — Months: 7 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: Savage

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John W. Davis — Father's Birthplace: Md

Mother's Maiden Name: Nellie R. Hoy — Mother's Birthplace: Md

Name of person giving information: John W. Davis — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93 — How long: 31 days

Immediate: Meningitis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Linthicum M.D.

Address: Savage Md.

Accident or Suicide? Natural

LIBRARY BUREAU A88618

Name in Full Anna B Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Jones town New cut Rode — County: Howard

Date of death 1904 — Month: Dec — Day: 24 — Age — Years: — Months: 4 — Days: —

Sex: female — Color or Race: Colored — Birthplace: Maryland

Occupation: none — Where Residing if not at place of death: Jones town

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John Henry Dorsey — Father's Birthplace: Maryland

Mother's Maiden Name: Leonisa Watkins — Mother's Birthplace: "

Name of person giving Information: father — How related to deceased: 90

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heavy Coal Inv. Doctor — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: Milton Easton Undertaker

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full	Maria Goff
Died at (Town)	Gevilford
County	Howard
Date of death	1904
Month	12
Day	27
Age (Years)	74
Months	
Days	
Sex	Female
Color or Race	Negro
Birthplace	Md
Occupation	Servant
Where Residing if not at place of death	Chas. Greene
Married, Single or Widowed	widow
Name or Wife or Husband	Henry Goff
Father's Name	—
Father's Birthplace	—
Mother's Maiden Name	—
Mother's Birthplace	—
Name of person giving Information	H. A. Penny
How related to deceased	Trustee

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary	Chronic Nephritis
How long	2 years
Immediate	Heart failure
How long	Sudden
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	W. Kirtlinger MD
Address	Savage Md
Accident or Suicide?	Within

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Fisher & Phain

Name in Full: Grimes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town		County: Howard		
Date of death 1904	Month: Dec.	Day: 10th	Age: Years	Months	Days
Sex		Color or Race		Birthplace	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name: Hammond Grimes				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Born dead S.		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: J. W. Hebb, M.D.	
Copied from slip & paper MSK	Address	
Accident or Suicide?		

LIBRARY BUREAU A88816

Name in Full: Louis Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Elioak — County: Howard

Date of death: 1904 — Month: Dec — Day: 9 — Age: Years — Months: 6 — Days:

Sex: male — Color or ~~Race~~: Colored — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife~~ or ~~Husband~~

Father's Name: James Hall — Father's Birthplace: Maryland

Mother's Maiden Name: Ida Smith — Mother's Birthplace: Maryland

Name of person giving Information: 90 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long:

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. J. Byrne

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

William B Hartley

Died at Town: Woodstock County: Howard MARYLAND

Date 1904 Month: Dec Day: 4 | Age Y. 80 M. 11 D. 19 | Native of: Md | Occupation: none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of ~~Wife~~ Mahala ~~[illegible]~~ Hartley

Father's Name William Hartley Mother's Maiden Name ~~not known~~ Tacy

Cause of Death: Primary Senility & Genl Debility | How long sick few days

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by H. T. Tupler M.D.

Address Granite Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Jo. Dama

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elliotts City; County: Howard

Date of death: 1904; Month: Dec; Day: 23

Age: Years: —; Months: 2; Days: —

Sex: female; Color or Race: Colored; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death: Elliotts City

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Wm H Henson; Father's Birthplace: Maryland

Mother's Maiden Name: Mary Bowman; Mother's Birthplace: Maryland

Name of person giving In formation: Wm H Henson; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: no Doctor but the Cause; How long:

Immediate: of Death was Strangulation; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Milton Easton Undertaker

Address: Elliotts City

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Basil Shivers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Clarksville — County: Howard

Date of death 1907 — Month: Dec — Day: 18 — Age — Years: 76 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: Rebecca Brown

Father's Name: Basil Shivers — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: D. A. Nichols — How related to deceased: Doctor

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 1 year

Immediate: Inability to Swallow — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. A. Nichols

Address: Dayton Md

Filed 1904

Accident or Suicide? —

LIBRARY BUREAU A86516

0/70/13/25

Name in Full: John Madden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkridge; County: Howard

Date of death 1904: Month: December; Day: 31

Age: Years: 65; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Md

Married, ~~Single~~ or Widowed: Married

Occupation: Laborer

Name of Wife or ~~Husband~~: Mary Hawkins

Father's Name: George Madden

Father's Birthplace:

Mother's Maiden Name:

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Mother's Birthplace:

Name of person giving information: James Madden

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suicide

How long: Hanging

Immediate: U

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Pusey Cor

Address: Elkridge Howard Co Md

~~Accident or~~ Suicide?

LIBRARY BUREAU A88519

Name in Full: Walter B. Murphy

Certificate of Death

Died at: Town: Triadelphia County: Howard MARYLAND

Date 1904 Month Day: Dec. 26 Age Y. M. D.: 28. Native of: Montgomery R. Occupation: R. R. Emp. Loyd

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Jas. E. Murphy

Mother's Name: Eliza. E. Snowden

Cause of Death: Primary: Influenza 10

Immediate: Sporadic Meningitis

How long sick: Six months

~~Accident, Suicide, Homicide~~

Reported by: H. G. Spurrier M.D.

Address: Unity R.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Rev. George Nueslein

Dled at Town Ilchester College County Howard Co MARYLAND

Date 1904 Month Dec Day 5th | Age Y. 27 M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ — ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Joseph Nueslein

Mother's Name —

Cause of Death

Primary Tuberculosis

Immediate Exhaustion

How long sick 8 months

~~Accident, Suicide, Homicide~~

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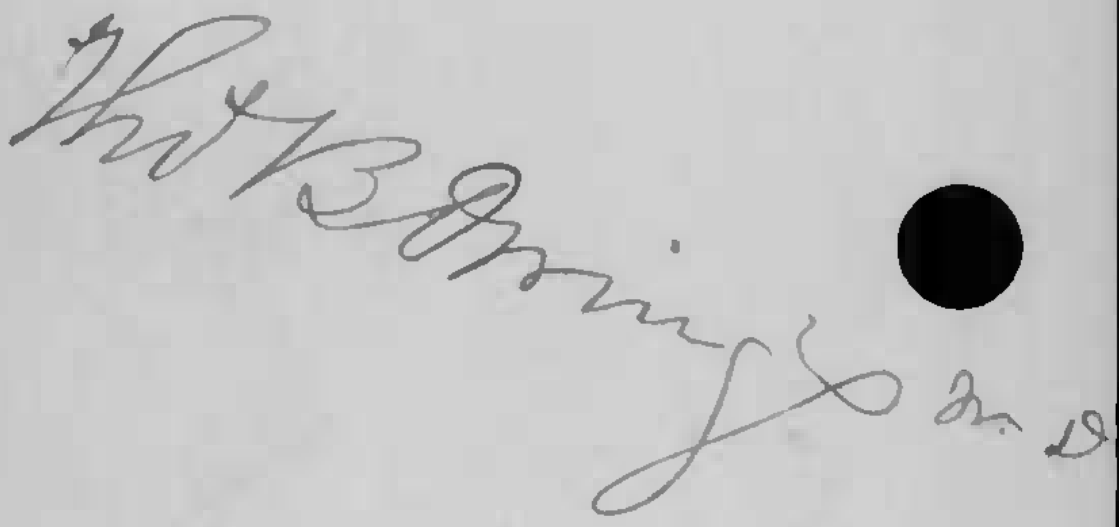
Reported by Dr T B Owings

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Herbert Powell

12-65-111

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Garry — County: Howard

Date of death 1904 — Month: Dec — Day: 24th — Age: Years | Months: 3 | Days

Sex: male — Color or Race: Colored — Birthplace: Garry

Married, Single or Widowed: ~~~ — Occupation: ~~~

Name of Wife or Husband: ~~~

Father's Name: Herbert Powell — Father's Birthplace: How Co

Mother's Maiden Name: Grace Meyers — Mother's Birthplace: How Co

Name of person giving In formation: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Shatmos — How long: 2 or 3 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Charles Russel Scott
John Franklin Scott

Certificate of Death

Town: Jonestown | County: Howard | MARYLAND

Died at

Date 1904 Month: Dec. Day: 17 | Age Y. M. D.: — — 3 | Native of: Md | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name: Wm W. Scott | Mother's Maiden Name: Agnes J. Ingfogle

Cause of Death — Primary: Premature Birth | How long sick:

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

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Reported by: J. Fancy Waltemeyer, M. D

Address: Alberton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

J W Streaker
Sub Reg
Alberton
md

Name in Full

Certificate of Death

Charles Smith

Died at Town Bush Park — County Howard MARYLAND

Date 1904 Month Oct Day 10 | Age Y. 38 about ~~M. D.~~ | Native of Md | Occupation Labour

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Charles Smith

Mother's Maiden Name Not Known

Cause of Death: Primary Pulmonary Tuberculosis — How long sick Several years

Immediate Coma & Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by H. T. Shipley And D

Address Granite Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899